

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1805**
Registrar's No. **34**

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1206 South 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Since 1918
years, months or days

8. (a) PRINT FULL NAME James A. Campbell

8. (b) If veteran, name war _____ 8. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Elizabeth Campbell 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 13, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>26</u>	hr. _____ min.

9. Birthplace Atchison County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer and Real Estate

11. Industry or business

MOTHER FATHER { 12. Name Alexander M. Campbell
13. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Caroline White
15. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. L. Cater
(b) Address Kansas City, Kansas

17. (a) Burial (b) Date thereof Jan. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Facuett Cemetery

18. (a) Signature of funeral director E. P. Sidenfaden

(b) Address 602 South 10th Street

19. (a) 1-13-41 (b) H. M. Mott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 South 10th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 6, 1941, to Jan 9, 1941;
that I last saw him alive on Jan 9, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Left Coronary 6 days free

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Mays (M. D. or other) MD
Address 1801 Keneath St Date signed 1-13-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, & by _____

Mollie E. Sidenfaden, Registered Apprentice No. 145
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3876

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.